



Revatio/Adcirca
Prior Authorization Form

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receiving Revatio or Adcirca must have a diagnosis of Pulmonary Arterial Hypertension based on WHO (Group I) Classification for Pulmonary Hypertension.

***Note:**

- *Patients taking Bosentan, Nitrates or Viagra/Levitra/Cialis will not receive a PA*

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name		Recipient Date of Birth		Recipient Medicaid ID Number	
Prescriber Name					
Prescriber Medicaid Number		Telephone Number		Fax Number	
Address		City		State	Zip Code
Requested Drug and Dosage: <input type="checkbox"/> Revatio <input type="checkbox"/> Adcirca		Diagnosis for this request:			
Qualifications for coverage: <input type="checkbox"/> Indication for the treatment of Pulmonary Arterial Hypertension (WHO Group I Classification)					
Prescriber Signature				Date	

Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:		
PHONE NUMBER	FAX NUMBER	DRUG	NDC #		

Part III: FOR OFFICIAL USE ONLY

Date Received				Initials:	
Approved - Effective dates of PA: From: / / To: / /				Approved by:	
Denied: (Reasons)					